

FIG. 1C

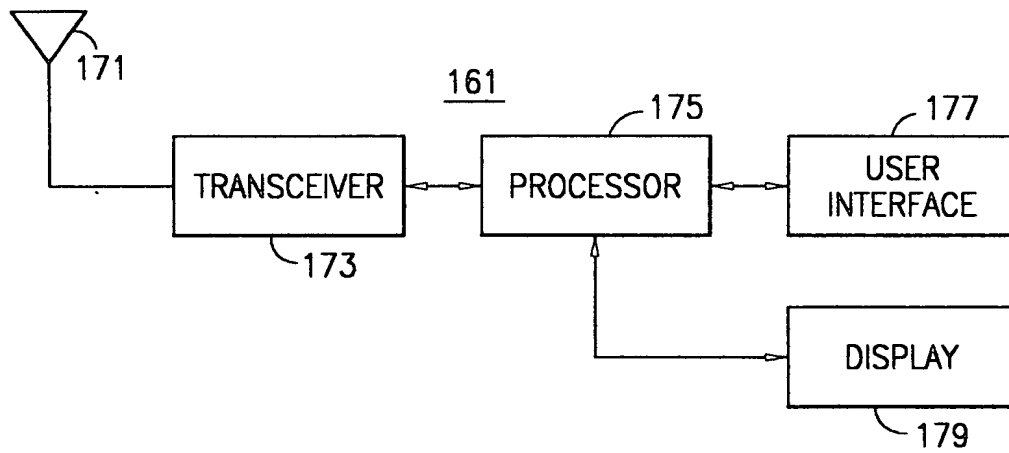


FIG. 1D

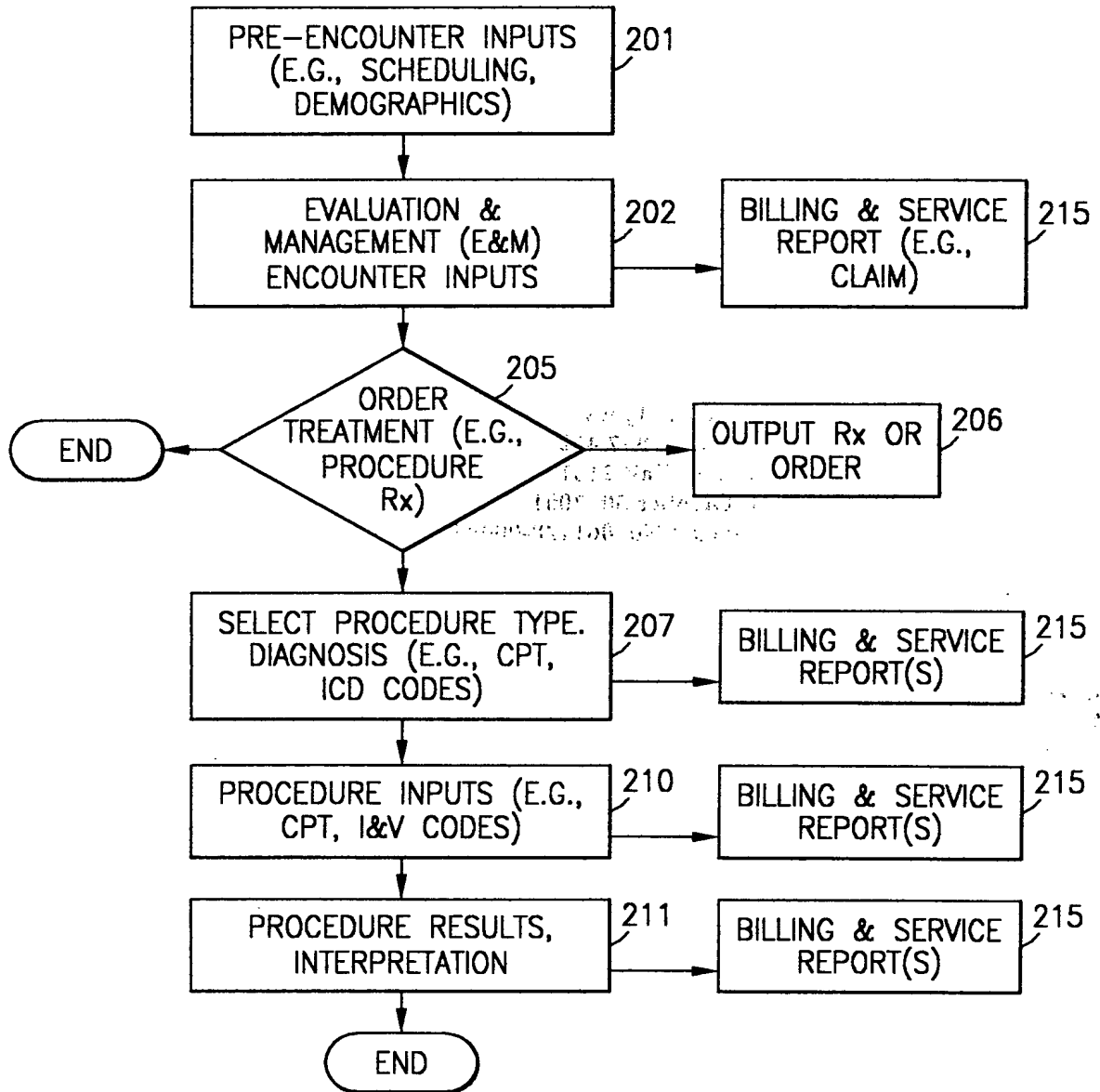
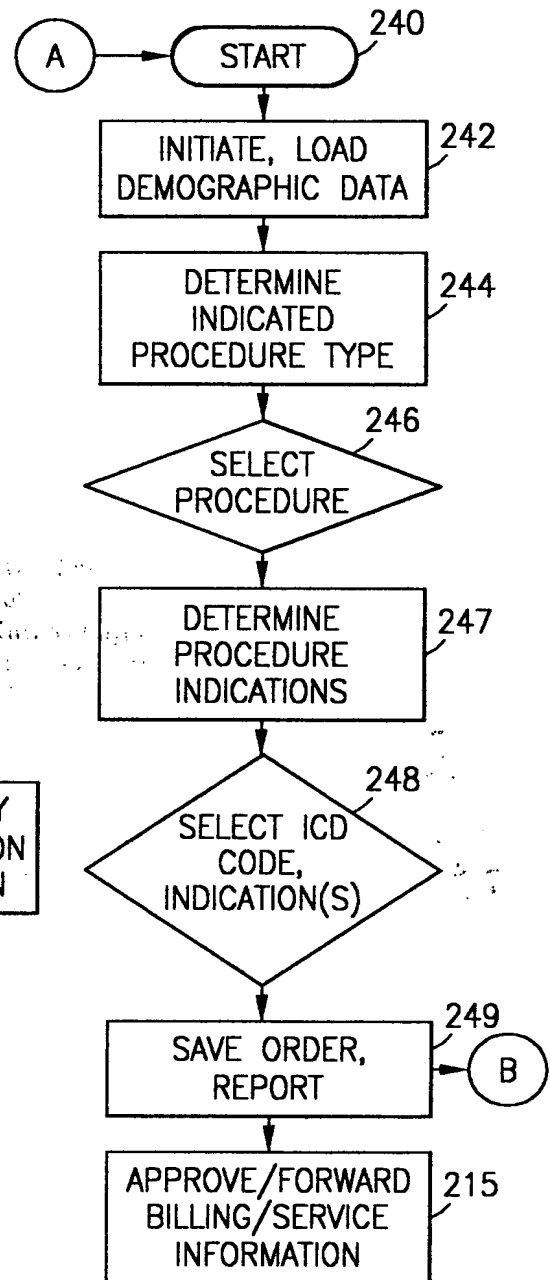
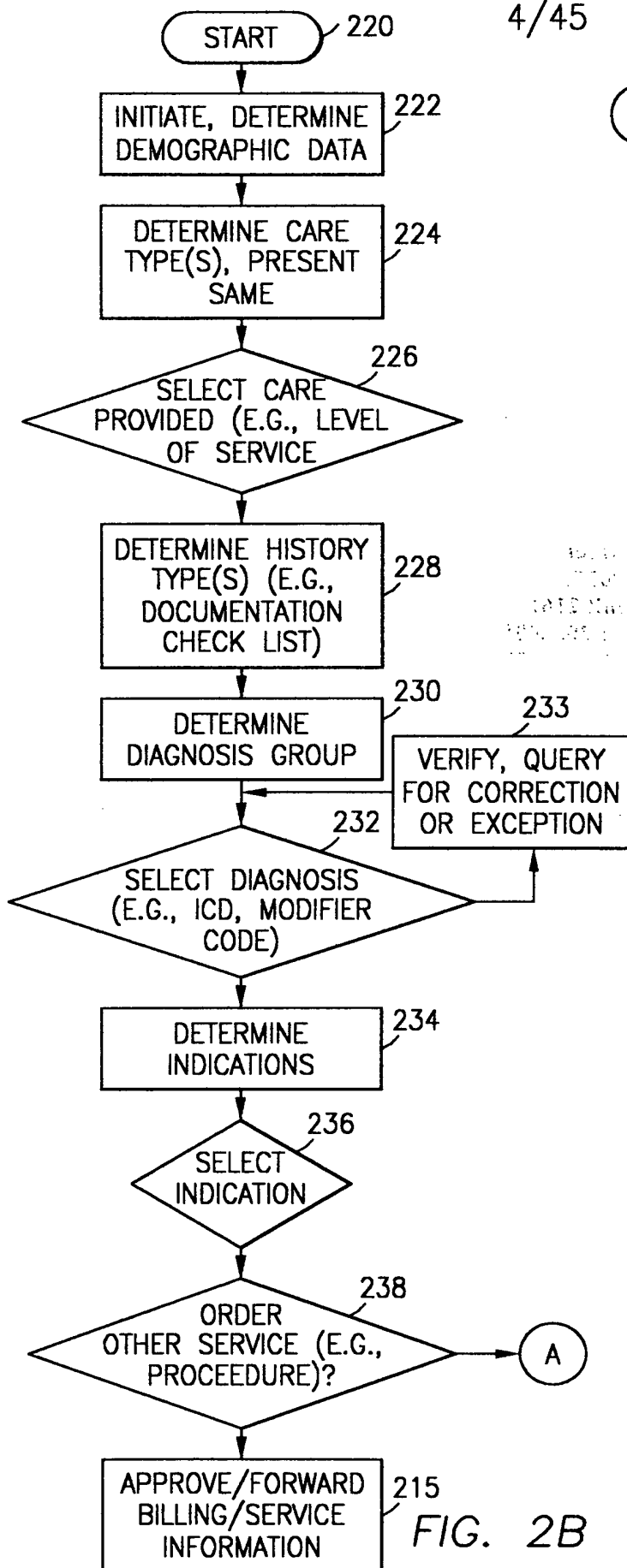


FIG. 2A



5/45

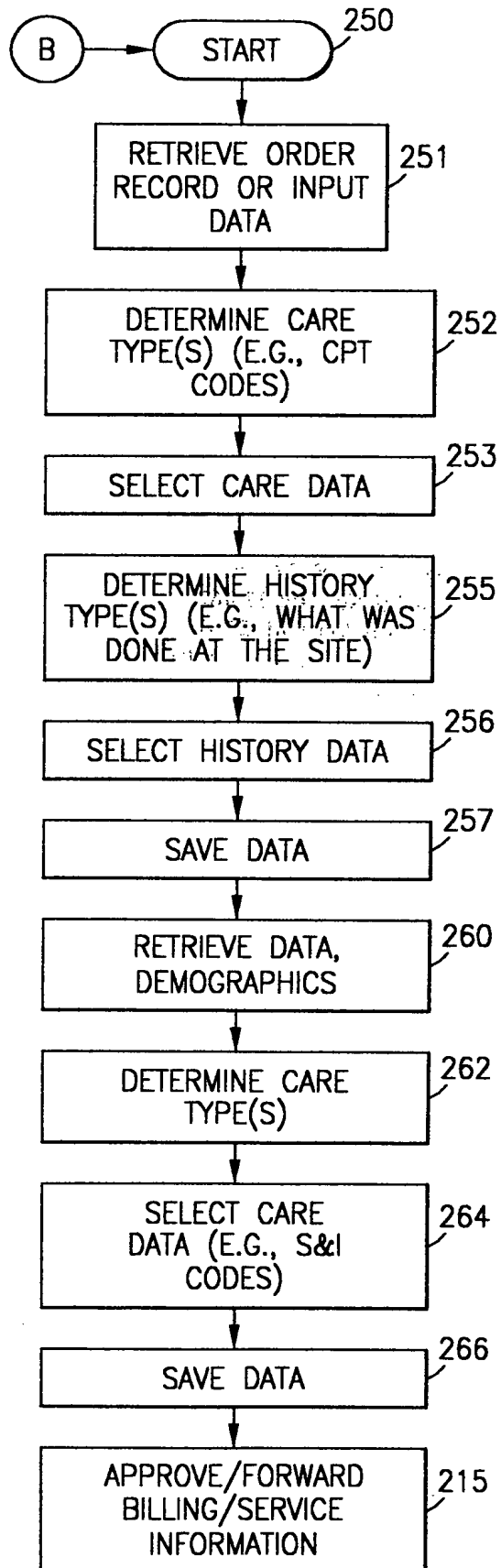


FIG. 2D

FIG. 3A

FIG. 3A

305

FIG. 3B

*Journal of Interpersonal Violence* 26(10)  
DOI: 10.1177/0886260511419946  
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Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div>308</div> <div>Login/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div>	<div>Members &gt;&gt; E&amp;M &gt;&gt; Find</div> <div>Choose search type from the list, then select or type <sup>(?)</sup> the search value</div> <hr/> <div> <input type="radio"/> Show all currently scheduled encounters         </div> <div> <input checked="" type="radio"/> Location of encounter: <div>GEM Cardiac &amp; Vascular ▼</div> </div> <div> <input checked="" type="radio"/> Patient name: <div>Edison, Thomas Alva ▼</div> </div> <div> <input checked="" type="radio"/> Attending Physician name: <div>Myers, Gene E, M.D. ▼</div> </div> <div> <input checked="" type="radio"/> Referring physician name: <div>--search value-- ▼</div> </div> <div> <input checked="" type="radio"/> Date of Encounter (MM/DD/YYYY):           <div>From: <input type="text"/></div> <div>To: <input type="text"/></div> </div> <hr/> <div> <div>Cancel</div> <div>&lt;&lt; Prev</div> <div>Next &gt;&gt;</div> <div>309</div> </div>

FIG. 3C



9/45

<a href="#">Main</a> <a href="#">User</a> <a href="#">Patient</a> <a href="#">E/M</a> <a href="#">Procedure</a> <a href="#">Provider</a> <a href="#">Carrier</a> <a href="#">Claims</a> <a href="#">Reports</a> <a href="#">Help</a>																																																																																																					
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311	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Patient</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Physician</th> <th style="width: 15%;">Referred by</th> <th style="width: 30%;">Location</th> </tr> </thead> <tbody> <tr> <td></td> <td>Balboa, Rocky</td> <td>Jan 17 2001 10:02PM</td> <td>Angelastro</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Bonaparte, Napoleon</td> <td>Apr 27 2001 8:33PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Differ, Trent</td> <td>Jan 18 2001 11:50PM</td> <td>Ackerman</td> <td>Myers</td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Differ, Trent</td> <td>May 16 2001 5:01PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Differ, Trent</td> <td>May 18 2001 12:11PM</td> <td>Anderson</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Dunn, Warrick S.</td> <td>Jun 7 2001 3:00PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Dunn, Warrick S.</td> <td>Jun 25 2001 3:48PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Dunn, Warrick S.</td> <td>Jun 25 2001 3:48PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Dunn, Warrick S.</td> <td>Jun 25 2001 3:48PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Edison, Thomas Alva</td> <td>Apr 18 2001 2:50PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Edison, Thomas Alva</td> <td>Jun 27 2001 3:48PM</td> <td>Adams</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Lewis, Ray</td> <td>Apr 18 2001 4:17PM</td> <td>Badli</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Monster, Elmo R</td> <td>Jan 24 2001 2:47PM</td> <td>Adams</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>O'Brien, Conan X</td> <td>Apr 18 2001 4:17PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> <tr> <td></td> <td>Oppenheimer, Robert</td> <td>May 21 2001 7:13PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac &amp; Vascular</td> </tr> </tbody> </table>						Patient	Date	Physician	Referred by	Location		Balboa, Rocky	Jan 17 2001 10:02PM	Angelastro		GEM Cardiac & Vascular		Bonaparte, Napoleon	Apr 27 2001 8:33PM	Myers		GEM Cardiac & Vascular		Differ, Trent	Jan 18 2001 11:50PM	Ackerman	Myers	GEM Cardiac & Vascular		Differ, Trent	May 16 2001 5:01PM	Myers		GEM Cardiac & Vascular		Differ, Trent	May 18 2001 12:11PM	Anderson		GEM Cardiac & Vascular		Dunn, Warrick S.	Jun 7 2001 3:00PM	Myers		GEM Cardiac & Vascular		Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular		Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular		Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular		Edison, Thomas Alva	Apr 18 2001 2:50PM	Andri		GEM Cardiac & Vascular		Edison, Thomas Alva	Jun 27 2001 3:48PM	Adams		GEM Cardiac & Vascular		Lewis, Ray	Apr 18 2001 4:17PM	Badli		GEM Cardiac & Vascular		Monster, Elmo R	Jan 24 2001 2:47PM	Adams		GEM Cardiac & Vascular		O'Brien, Conan X	Apr 18 2001 4:17PM	Andri		GEM Cardiac & Vascular		Oppenheimer, Robert	May 21 2001 7:13PM	Myers		GEM Cardiac & Vascular
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310

FIG. 3D

10/45

<a href="#">Main</a> <a href="#">User</a> <a href="#">Patient</a> <a href="#">E/M</a> <a href="#">Procedure</a> <a href="#">Provider</a> <a href="#">Carrier</a> <a href="#">Claims</a> <a href="#">Reports</a> <a href="#">Help</a>											
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Login/Logout</div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <p>Members &gt;&gt; E&amp;M &gt;&gt; Demographics</p> <p>Items marked in red are required <span style="float: right;">(?)</span></p> </div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <span>Select EM Code(s)</span> <span>Documentation</span> <span>Reset Form</span> </div> <p><b>Dilfer, Trent</b></p> <p>Date and Time of Service:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Time</td> <td></td> </tr> <tr> <td style="text-align: center;">(dd)</td> <td style="text-align: center;">(yy)</td> <td style="text-align: center;">(mm)</td> <td style="text-align: center;">(hh:mm)</td> <td></td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Jan ▾</span> <span>18</span> <span>2001</span> <span>11:59</span> <div style="text-align: right;"> <input type="radio"/> AM  <input checked="" type="radio"/> PM         </div> </div> <p>Chief complaint / Reason:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">hangnail</div> <p>Location of Service:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px;">GEM Cardiac &amp; Vascular ▾</div> <div>Add</div> </div> <p>Rendering physician name:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px;">Ackerman, Howard R, M.D. ▾</div> <div>Add</div> </div> <p>Referring physician name:</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">Myers, Gene E. M.D. ▾</div> <div>Add</div> </div> </div>	Month	Day	Year	Time		(dd)	(yy)	(mm)	(hh:mm)	
Month	Day	Year	Time								
(dd)	(yy)	(mm)	(hh:mm)								
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>Cancel</span> <span>&lt;&lt; Prev</span> <span>Next &gt;&gt;</span> </div>											

313

FIG. 3E

11/45

<a href="#">Main</a> <a href="#">User</a> <a href="#">Patient</a> <a href="#">E/M</a> <a href="#">Procedure</a> <a href="#">Provider</a> <a href="#">Carrier</a> <a href="#">Claims</a> <a href="#">Reports</a> <a href="#">Help</a>																																																																															
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Login/Logout</div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Members &gt;&gt; E&amp;M &gt;&gt; Office E/M  Select the type and level of E/M service <span style="float: right;">?</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; flex: 1;">Encounter Data</div> <div style="border: 1px solid black; padding: 2px; flex: 1;">Documentation</div> <div style="border: 1px solid black; padding: 2px; flex: 1;">Reset Form</div> </div> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th colspan="3" style="text-align: center;">Least Complex</th> <th colspan="2" style="text-align: center;">Most Complex</th> </tr> </thead> <tbody> <tr> <td colspan="6"><b>New Evaluation</b> <span style="float: right;">?</span></td> </tr> <tr> <td>NE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3 <sup>316</sup></td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td colspan="6"><b>Return Office Visit</b> <span style="float: right;">?</span></td> </tr> <tr> <td>ROV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td colspan="6"><b>Prolonged Office Visit</b> <span style="float: right;">?</span></td> </tr> <tr> <td colspan="6" style="font-size: small;">If prolonged services are being provided, select the total duration FIRST, then select the type and level of the original E&amp;M service.</td> </tr> <tr> <td>POV</td> <td colspan="2">Total time in minutes:</td> <td style="border: 1px solid black; padding: 2px;">0-30</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"><b>Office Consult</b> <span style="float: right;">?</span></td> </tr> <tr> <td>OC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td colspan="6"><b>Confirmatory (2nd Opinion) Consult</b> <span style="float: right;">?</span></td> </tr> <tr> <td colspan="6"><input checked="" type="checkbox"/> Check here if consult required by third-party payer</td> </tr> <tr> <td>CC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; flex: 1;">Cancel</div> <div style="border: 1px solid black; padding: 2px; flex: 1;">&lt;&lt; Prev</div> </div>		Least Complex			Most Complex		<b>New Evaluation</b> <span style="float: right;">?</span>						NE	1	2	3 <sup>316</sup>	4	5	<b>Return Office Visit</b> <span style="float: right;">?</span>						ROV	1	2	3	4	5	<b>Prolonged Office Visit</b> <span style="float: right;">?</span>						If prolonged services are being provided, select the total duration FIRST, then select the type and level of the original E&M service.						POV	Total time in minutes:		0-30			<b>Office Consult</b> <span style="float: right;">?</span>						OC	1	2	3	4	5	<b>Confirmatory (2nd Opinion) Consult</b> <span style="float: right;">?</span>						<input checked="" type="checkbox"/> Check here if consult required by third-party payer						CC	1	2	3	4	5
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315

FIG. 3F

12/45

318

<a href="#">Main</a> <a href="#">User</a> <a href="#">Patient</a> <a href="#">E/M</a> <a href="#">Procedure</a> <a href="#">Provider</a> <a href="#">Carrier</a> <a href="#">Claims</a> <a href="#">Reports</a> <a href="#">Help</a>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Login/Logout</div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<p>Members &gt;&gt; E&amp;M &gt;&gt; E/M Checklist</p> <p>The E/M level you have chosen requires documentation which meets or exceeds the criteria specified below <span style="float: right;">?</span></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Encounter Data</div> <div style="border: 1px solid black; padding: 2px 10px;">Select E/M Codes</div> <div style="border: 1px solid black; padding: 2px 10px;">Reset Form</div> </div>	
<div style="display: flex; justify-content: space-between;"> <span>319 Subjective</span> <span>Documentation of history <span style="float: right;">?</span></span> </div>		
CC - Chief Complaint: hangnail		
HPI - History of Present Illness		
# of Elements Required	Element	Presenting Problem Type
4-8 elements	<input type="checkbox"/> Location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Content <input type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms	<input type="radio"/> Chronic w/ mild exacerbation, progression, or side effects of Rx OR <input type="radio"/> 2 or more stable chronic illness <input type="radio"/> Undiagnosed problem w/ uncertain prognosis <input type="radio"/> Acute w/ Systemic Sx <input type="radio"/> Acute complicated injury
ROS - Review of Systems		
# of Systems Required	System	
2-9 systems	<input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, Nose, Mouth, Throat <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genito-urinary <input type="checkbox"/> Integumentary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Hematologic/Lymphatic <input type="checkbox"/> Endocrine <input type="checkbox"/> Allergic/Immunologic <input type="checkbox"/> Psychiatric <input type="checkbox"/> All Others Negative	

FIG. 3G

to 3H

to 3H

PFSH - Past/Family/Social History	
# of Elements Required	Element
Any 1	<input type="checkbox"/> Past History
	<input type="checkbox"/> Family History
	<input type="checkbox"/> Social History

321

Objective

Physical Exam

?

Select the type of examination first. A new window will open displaying the checklist for the selected exam type. When you have finished the checklist, you will be returned to this window to complete the documentation requirements step.

- Multi-system Exam
- Single Organ System (complete):
  - Cardiovascular
  - Eyes
  - GU (female)
  - GU (male)
  - Hemo/Lymph
  - MS
  - Neuro
  - Psych
  - Resp
  - Skin

Show Exam Checklist

322

Assessment

Assessment

?

to 31

to 31

FIG. 3H

14/45

Add diagnosis code(s) using the button provided. You may also add notes in this field.

Add diagnosis code(s)

323

Plan

Medical Decision Making

?

325

The highest level of risk in any one category determines the overall complexity of the Medical Decision Making component. The risk associated with the selected level of E/M service must meet or exceed that of at least one of the following three sets of examples:

Date Review / D Dx

- Limited medical records review regarding self-limited chronic problem was performed.

Severity / Urgency / Potential Complications

- The patient has been counseled regarding the low probability of complications and the need to follow instructions on an elective basis.

Management Options

Rx Plan

- Over-the-counter drugs/minimal risk drugs
- P.T. (rest, exercise, stress management)
- O.T.
- IV fluids w/o additives
- Minor surgery with no identified risk factors
- Referrals: can not require detailed discussion/detailed care plan

Dx Procedures

- Non-Invasive diagnosis test
  - Peripheral Ultrasound
    - Carotid duplex
    - U.E. Duplex
    - L.E. Duplex
    - Abdo - AO Duplex
    - Renal Artery duplex
    - Venous duplex
  - Echocardiography
    - TTE - noncongenital
    - TTE - congenital
    - TEE - noncongenital
    - TEE - congenital
  - EKG
  - CXR
- Physiological test not under stress
  - L.E. pressures
  - U.E. segmental pressures
  - ABI
  - VRP

to 3J

to 3J

FIG. 31

15/45

- ☐ Holter monitor
- ☐ Loop monitor
- ☐ Event monitor
- ☒ ABG
- ☒ Lab Test
  - ☐ UA
  - ☐ Venipuncture
    - ☒ AMA-approved panels
    - ☒ Specialty panels
      - ☒ Prevention Heart Labs, Inc.
      - ☒ GGE
      - ☒ NMR
      - ☒ Thrombocare
    - ☒ Individual test
  - ☐ Skin biopsy
  - ☐ Superficial needle biopsy
  - ☐ Non CV Imaging studies w/o IV contrast
    - ☒ UGI
    - ☒ BAE
    - ☒ Long GI follow through

#### Documentation Based on Time ?)

If counseling and/or coordination of care dominates (>50%) the encounter, time may be used to determine the level of service. Documentation may include: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider

Typical time (minutes) for this level: 30

Cancel

<< Prev

Next >>

FIG. 3J

16/45

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<b>Login/Logout</b>	Members >> E&M >> Encounter Summary
Current values:	<b>Encounter data summary</b> <span style="float: right;">?)</span>
<input type="text" value="User"/>	<input type="button" value="Save Encounter"/> 329
<input type="text" value="Patient"/>	
<input type="text" value="Encounter"/>	
<input type="text" value="Procedure"/>	
	Patient name: Dilfer, Trent
	Date: 1/18/2001 11:59 PM
	Location of service: GEM Cardiac & Vascular
	Physician name: Ackerman, Howard R, M.D.
	Chief complaint: hangnail
	Service Code: 99203
	CPT Service Code: 99203
	Diagnosis Code(s):
	Status Code: S
	<input type="button" value="Cancel"/> <input type="button" value=" &lt;&lt; Prev"/>

328

FIG. 3K



Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<b>Login/Logout</b>	
Current values:	Encounter record has been updated. Members >> E&M >> Menu
User	Select one of the following: <span style="float: right;">?)</span>
Patient	
Encounter	
Procedure	
	<ul style="list-style-type: none"><li>➤ Create New Encounter</li><li>➤ Edit Current Encounter</li><li>➤ Find Existing Encounter(s)</li><li>➤ Back to Main Menu</li></ul>
	<div style="text-align: center;"><span>Cancel</span> <span style="margin-left: 100px;">&lt;&lt; Prev</span></div>

331

2014-01-01 10:00:00  
2014-01-01 10:00:00  
2014-01-01 10:00:00

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	
Current values:	
User	
Patient	
Encounter	
Procedure	
Members >> Procedure >> Demographics	
Items marked in red are required	
Patient name:	
Edison, Thomas Alva	
Add	
Date and Time of Service:	
Month Day Year Time	
(dd) (yyyy) (hh:mm)	
Aug 20 2001 9:06	
AM PM	
Location of Service:	
GEM Cardiac & Vascular	
Add	
Attending physician name:	
Myers, Gene E. M.D.	
Add	
Referring physician name:	
-select provider-	
Add	
Third-party supplier name:	
-select provider-	
Add	
Cancel	
<< Prev	
Next >>	

FIG. 3N

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div> <div>Login/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div>	<div> <div>Members &gt;&gt; Procedure &gt;&gt; Menu</div> <div>Select one of the following:</div> <div> <div>➡ Non-Invasive Procedures</div> <div>➡ Invasive Procedures</div> </div> <div>336</div> </div>
	<div> <div>Cancel</div> <div>&lt;&lt; Prev</div> </div>

FIG. 30

?

339

338

FIG. 3P

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div>Login/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div>	<div>Members &gt;&gt; Procedure &gt;&gt; Noninvasive &gt;&gt; Echo &gt;&gt; Menu</div> <div>Select one of the following: ?</div> <div> <div>➤ Transthoracic (TTE) — 342</div> <div>➤ Transesophageal (TEE)</div> <div>➤ Stress Echo</div> <div>➤ Ultrasonic Guidance</div> </div> <div> <div>Cancel</div> <div>&lt;&lt; Prev</div> </div>

FIG. 3Q

341

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<b>Login/Logout</b> Current values: <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div>	Members >> Procedure >> Noninvasive >> Echo >> Transthoracic (TTE) <span>?</span> <b>Select procedure(s)</b> <div>Show Packages</div> <div>Create Package</div> <div>Reset Form</div> <hr/> <b>TTE (Non-congenital)</b> <span>?</span> Transthoracic echocardiography (TTE), real-time 2D image documentation, with or without M-mode recording <input checked="" type="checkbox"/> COMPLETE study 346 93307 <input checked="" type="checkbox"/> followup or limited study 93308 <b>TTE (Congenital)</b> <span>?</span> Transthoracic echocardiography (TTE), for congenital cardiac anomalies, real-time 2D image documentation, with or without M-mode recording <input checked="" type="checkbox"/> COMPLETE study 93303 <input checked="" type="checkbox"/> followup or limited study 93304 <b>Doppler Echocardiography</b> <span>?</span> Doppler echocardiography, pulsed wave and/or continuous wave with spectral display <input checked="" type="checkbox"/> COMPLETE study 93320 <input checked="" type="checkbox"/> Limited study 93321 <input checked="" type="checkbox"/> Add color flow velocity mapping 93325 <div>Cancel</div> <div>&lt;&lt; Prev</div> <div>Next &gt;&gt;</div>

FIG. 3R

345

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div> <div>Login/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div>	
<div>Members &gt;&gt; Procedure &gt;&gt; Order Package</div> <div>Select a package <span>?</span></div> <div> <div>Show Codes</div> <div>Reset Form</div> </div>	
<div>Complete 2D Only <span>Delete</span></div> <div> <div>TTE - Complete <span>93207</span></div> </div>	
<div>Complete 2D w/ Color Flow <span>Delete</span></div> <div> <div>TTE - Complete <span>93307</span></div> <div>Doppler Echo - Complete <span>93320</span></div> <div>Doppler Echo - w/color flow <span>93325</span></div> </div>	
<div>Complete 2D w/o Color Flow <span>Delete</span></div> <div> <div>TTE - Complete <span>93307</span></div> <div>Doppler Echo - Complete <span>93320</span></div> </div>	
<div>Followup/Limited 2D Only <span>Delete</span></div> <div> <div>TTE - Followup/limited study <span>93306</span></div> </div>	
<div>Followup/Limited 2D w/o Color Flow <span>Delete</span></div> <div> <div>TTE - Followup/limited study <span>93308</span></div> <div>Doppler Echo - followup/limited <span>93321</span></div> </div>	
<div> <div>Cancel</div> <div>&lt;&lt; Prev</div> <div>Next &gt;&gt;</div> </div>	

FIG. 3S



Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div> <div>Login/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div>	<div>Members &gt;&gt; Procedure &gt;&gt; Diagnosis Groups</div> <div>Select diagnosis group: <span>?</span></div> <div> <div>Show All Groups</div> <div>Show Medicare Groups</div> <div>Expand All</div> <div>Collapse</div> </div> <div> <input type="checkbox"/> CHF  <input type="checkbox"/> Symptoms &amp; Signs  <input type="checkbox"/> Coronary Artery Disease (CAD)  <input type="checkbox"/> Hypertension / Hypotension  <input type="checkbox"/> Pericardial Disease  <input type="checkbox"/> Myocarditis  <input type="checkbox"/> Cardiomyopathy  <input type="checkbox"/> Valvular Heart Disease  <input type="checkbox"/> Peripheral Artery / Vein / Lymphatic Disease  <input type="checkbox"/> Myocardial Infarction (Acute/Remote)  <input type="checkbox"/> Card. and Vasc. Surg.: Complications/Followup  <input type="checkbox"/> Pulmonary Circulatory Disorders  <input type="checkbox"/> Endocarditis  <input type="checkbox"/> Congenital Heart Disease  <input type="checkbox"/> Transplant Heart and/or Valve  <input type="checkbox"/> Abnormal EKG  <input type="checkbox"/> Procedure Induced Cardiac &amp; Vascular Complications  <input type="checkbox"/> Tumors of Heart / Great Vessels  <input type="checkbox"/> Poisoning by Drugs, Medicinal, and Biological Substances              (overdose / wrong substance given)  <input type="checkbox"/> Trauma of Heart  <input type="checkbox"/> Endocrinology  <input type="checkbox"/> Followup         </div> <div> <div>Cancel</div> <div>&lt;&lt; Prev</div> </div>

352

FIG. 3T

<a href="#">Main</a> <a href="#">User</a> <a href="#">Patient</a> <a href="#">E/M</a> <a href="#">Procedure</a> <a href="#">Provider</a> <a href="#">Carrier</a> <a href="#">Claims</a> <a href="#">Reports</a> <a href="#">Help</a>	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <a href="#">Login/Logout</a> </div> <p>Current values:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">User</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">Encounter</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Procedure</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <p>Members &gt;&gt; Procedure &gt;&gt; Diagnosis Groups</p> <p>Select diagnosis group:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>Show All Groups</span> <span>Show Medicare Groups</span> <span>Expand All</span> <span>Collapse</span> </div> </div> <div style="padding-left: 20px;"> <input type="checkbox"/> Pericardial Disease           <ul style="list-style-type: none"> <li><input type="checkbox"/> Pericardial Signs &amp; Sx</li> <li><input type="checkbox"/> Acute Pericarditis &amp; Effusion               <ul style="list-style-type: none"> <li><input type="checkbox"/> Infective                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Viral</li> <li><input type="checkbox"/> Bacterial</li> <li><input type="checkbox"/> Parasitic</li> <li><input type="checkbox"/> Fungal</li> <li><input type="checkbox"/> Rickettsial</li> </ul> </li> <li><input type="checkbox"/> Non-Infective                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Idiopathic</li> <li><input type="checkbox"/> Drug Induced</li> <li><input type="checkbox"/> Systemic diseases</li> <li><input type="checkbox"/> Collagen diseases</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Chronic pericardial disease</li> <li><input type="checkbox"/> Pus, blood, and air in pericardium</li> <li><input type="checkbox"/> Cysts, diverticulae, flatulas/foramen, congenital disease</li> <li><input type="checkbox"/> Trauma               <ul style="list-style-type: none"> <li><input type="checkbox"/> Blunt trauma</li> <li><input type="checkbox"/> Penetrating trauma</li> </ul> </li> <li><input type="checkbox"/> Procedure-related</li> </ul> </div> <div style="display: flex; justify-content: flex-end; border-top: 1px solid black; padding-top: 10px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 20px;">Cancel</div> <div style="border: 1px solid black; padding: 2px 10px;">&lt;&lt; Prev</div> </div>

355

FIG. 3U

Main User Patient E/M Procedure Provider Carrier Claims Reports Help			
<b>Login/Logout</b>		Members >> Procedure >> Diagnosis Codes	
Current values:		Select diagnosis code(s) <span>?</span>	
<input type="text" value="User"/> <input type="text" value="Patient"/> <input type="text" value="Encounter"/> <input type="text" value="Procedure"/>		<input type="button" value="Show All Codes"/> <input type="button" value="Show Medicare Codes"/> <input type="button" value="Reset Form"/>	
		<b>Bacterial</b> <span>?</span>	
	<input type="radio"/> <input checked="" type="radio"/> septic 420.99		
	<input type="radio"/> <input checked="" type="radio"/> rheumatic 391.0		
	<input type="radio"/> <input checked="" type="radio"/> gonococcal 098.63		
	<input type="radio"/> <input checked="" type="radio"/> meningococcal 038.41		
	<input type="radio"/> <input checked="" type="radio"/> syphilitic 093.81		
	<input type="radio"/> <input checked="" type="radio"/> tularemia 420.0, 021.9		
	<input type="radio"/> <input checked="" type="radio"/> pneumococcal 420.99		
361	<input type="radio"/> <input checked="" type="radio"/> staphylococcal 420.99		
	<input type="radio"/> <input checked="" type="radio"/> streptococcal 420.99		
362	<input type="radio"/> <input checked="" type="radio"/> hemophylus influenzae 420.0, 041.5		
	<input type="radio"/> <input checked="" type="radio"/> psittacosis 420.0, 073.7		
	<input type="radio"/> <input checked="" type="radio"/> salmonella 420.0, 003.84		
	<input type="radio"/> <input checked="" type="radio"/> TBC 420.0, 017.9		
	<input type="radio"/> <input checked="" type="radio"/> leptospiral 420.0, 100.9		
	<input type="radio"/> <input checked="" type="radio"/> pseudomonas 420.0, 041.7		
	<input type="radio"/> <input checked="" type="radio"/> klebsiella 420.0, 482.0		
	<input type="radio"/> <input checked="" type="radio"/> E.Coli 420.0, 041.4		
	<input type="radio"/> <input checked="" type="radio"/> purulent 420.99		
	<input type="radio"/> <input checked="" type="radio"/> suppurative 420.99		
		<input type="button" value="Cancel"/> <input type="button" value=" &lt;&lt; Prev"/> <input type="button" value="Next &gt;&gt;"/>	

FIG. 3V

360

Diagnosis details:

Acute hemophilus influenza ● pericarditis  
366 ● pericardial effusion  
● pericarditis and pericardial effusion

365

Cancel

OK

FIG. 3W

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<b>Login/Logout</b> Current values: <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div>	ABN required: Procedure 93350 not supported by diagnosis 420.99 Members >> Procedure >> Indications Select indications(s)  <b>Indications for Stress Echocardiography</b> <div> <input checked="" type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat         </div> <div> <input checked="" type="checkbox"/> The patient has <input type="radio"/> an abnormal standard exercise test and stress echocardiograph  <input type="radio"/> a non-diagnostic         </div> <div> <input checked="" type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat         </div> <div> <input checked="" type="checkbox"/> The patient has <input type="radio"/> a cardiac condition which would interfere with interpretation of  <input type="radio"/> mitral valve prolapse  <input type="radio"/> anatomical abnormality         </div> <div> <input checked="" type="checkbox"/> The patient has confirmed <input type="radio"/> CAD and stress echocardiography is necessary to evalu  <input type="radio"/> CHF         </div> <div>Cancel</div>

370

FIG. 3X

Main User Patient E/M Procedure Provider Carrier Claims Reports Help		
Login/Logout		
Current values:		
User	Members >> Procedure >> ABN <b>An ABN is REQUIRED for this procedure</b> (?)	
Patient		
Encounter		
Procedure		
Print ABN Form		
Patient name: Edison, Thomas Alva		
Date: 8/20/2001 9:05		
Location of service: GEM Cardiac & Vascular		
Physician name: Myers, Gene E, M.D.		
Referring physician:		
Procedure(s) ordered: 93350 TTE - Stress echo		
Diagnosis Code(s): 420.99 acute staphylococcal pericarditis		
Indication(s):		
374		
Cancel	<< Prev	Next >>

373

FIG. 3Y

<b>Main User Patient E/M Procedure Provider Carrier Claims Reports Help</b>	
<b>Login/Logout</b>	<b>Members &gt;&gt; Procedure &gt;&gt; Order Summary</b>
<b>Current values:</b>	<b>Procedure order(s) summary</b> (?)
<b>User</b>	<b>Save this order</b> 377
<b>Patient</b>	
<b>Encounter</b>	
<b>Procedure</b>	
	<b>Patient name:</b> Edison, Thomas Alva
	<b>Date:</b> 8/20/2001 9:05
	<b>Location of service:</b> GEM Cardiac & Vascular
	<b>Physician name:</b> Myers, Gene E, M.D.
	<b>Referring physician:</b>
	<b>Procedure(s) ordered:</b> 93350 TTE - Stress echo
	<b>Diagnosis Code(s):</b> 420.99 acute staphylococcal pericarditis
	<b>Indication(s):</b>
	<b>Cancel</b> <b>&lt;&lt; Prev</b>

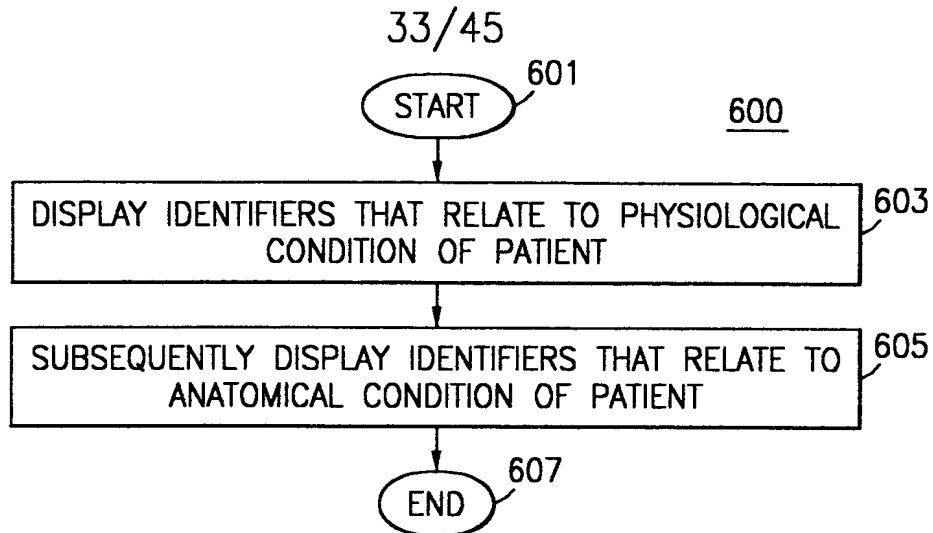
FIG. 3Z

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<b>Login/Logout</b>	<p>Procedure order has been saved Members &gt;&gt; Procedure &gt;&gt; Menu</p> <p>Select one of the following: <span style="float: right;">?)</span></p> <hr/> <p>➡ Order New Procedure(s) — 379</p> <p>➡ Edit Current Procedure</p> <p>➡ Find Existing Procedure(s)</p> <p>➡ Back to Main Menu — 380</p> <hr/> <p style="text-align: center;"><input type="button" value="Cancel"/> <span style="float: right;"><input type="button" value=" &lt;&lt; Prev"/></span></p>
Current values:	
User	
Patient	
Encounter	
Procedure	

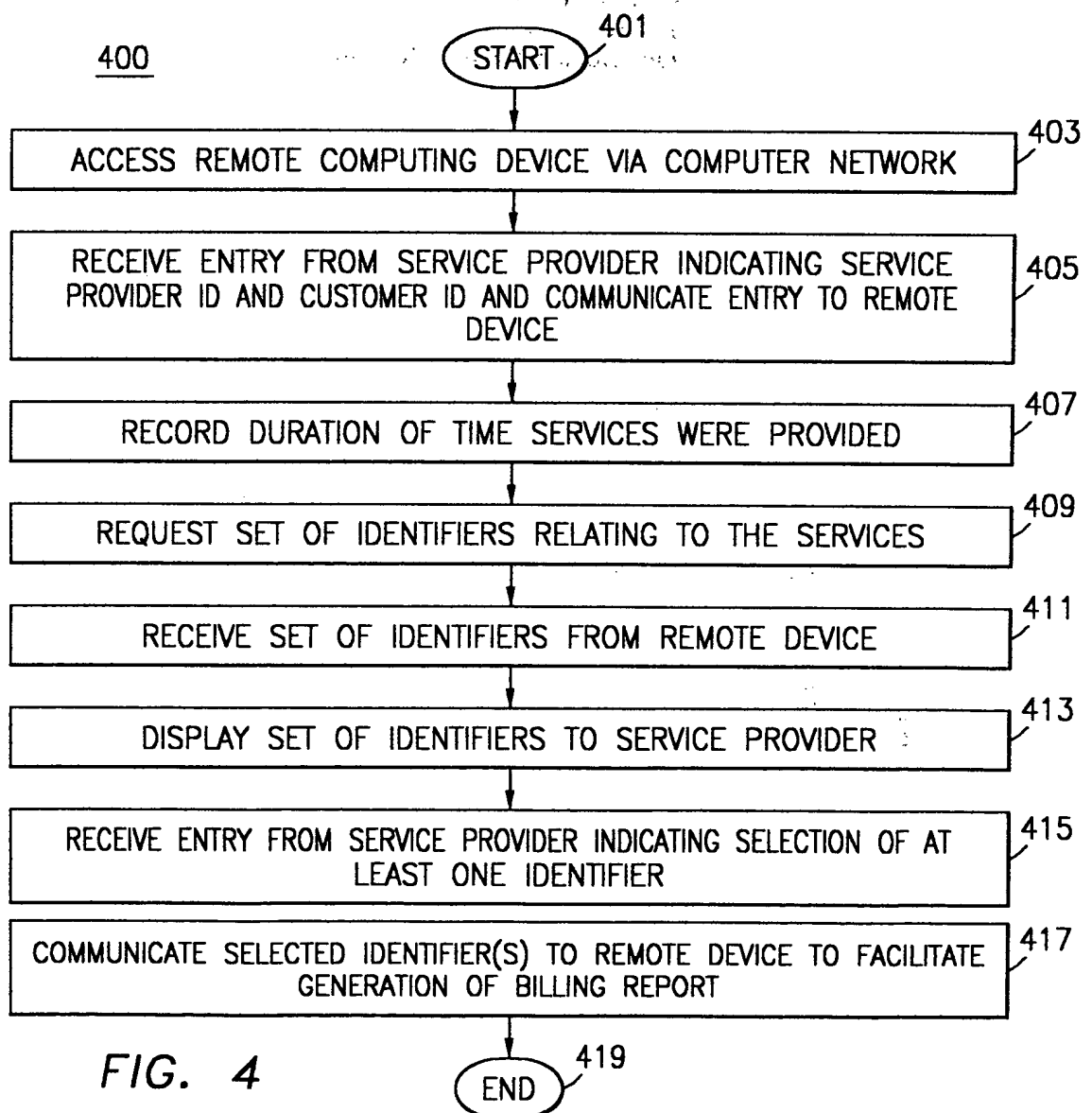
FIG. 3AA

378





**FIG. 6**



**FIG. 4**

34/45

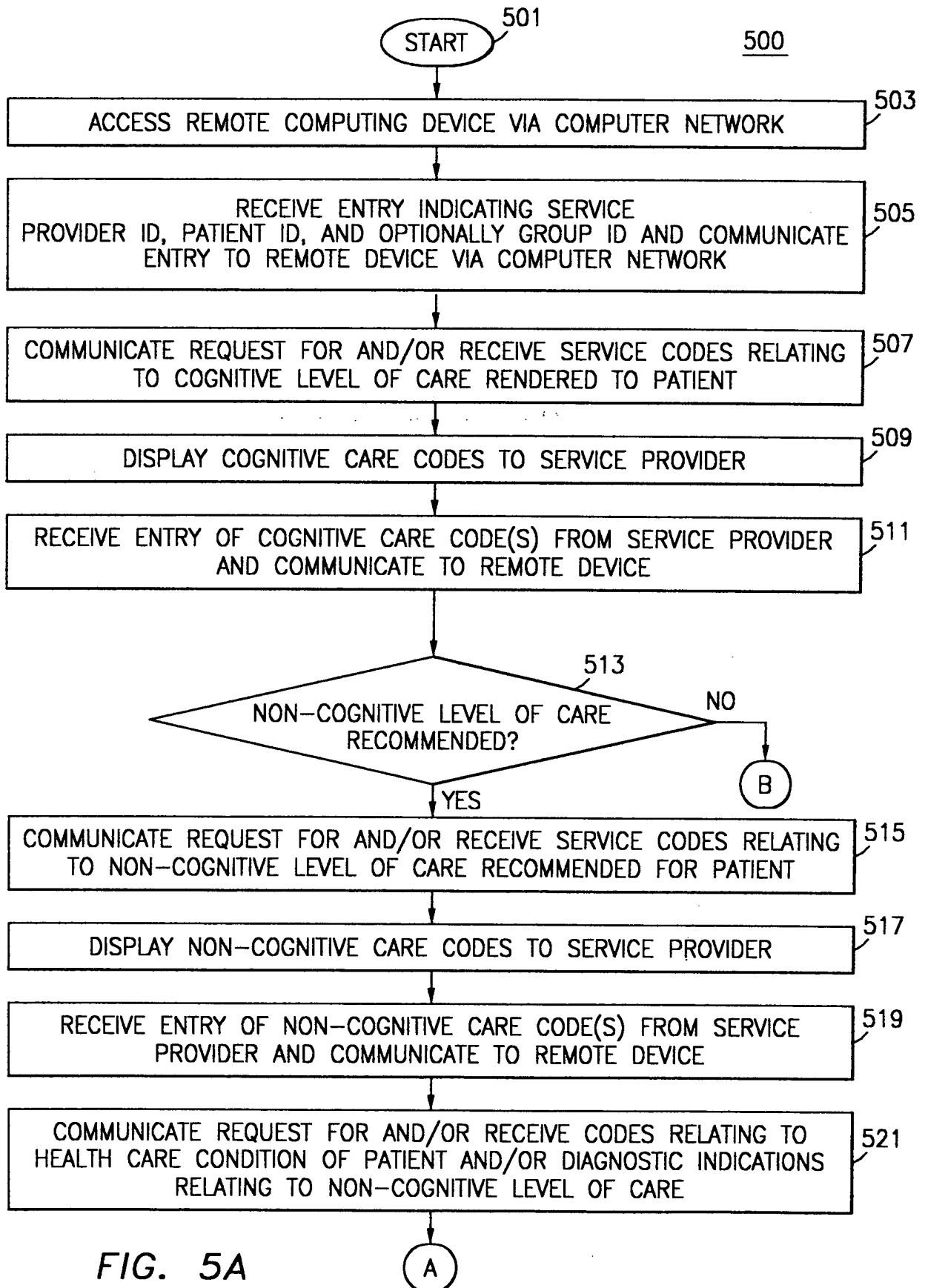
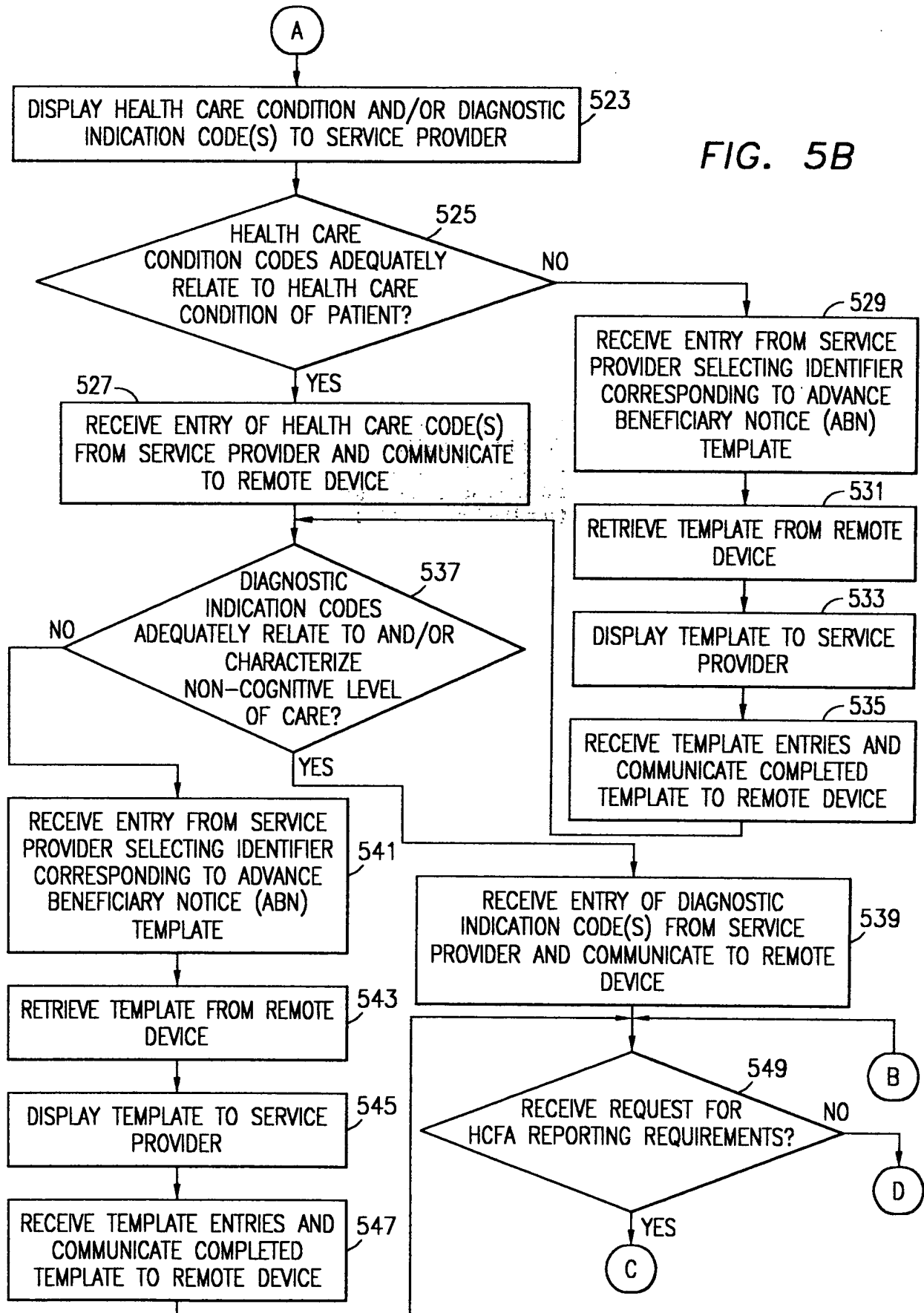


FIG. 5A

FIG. 5B



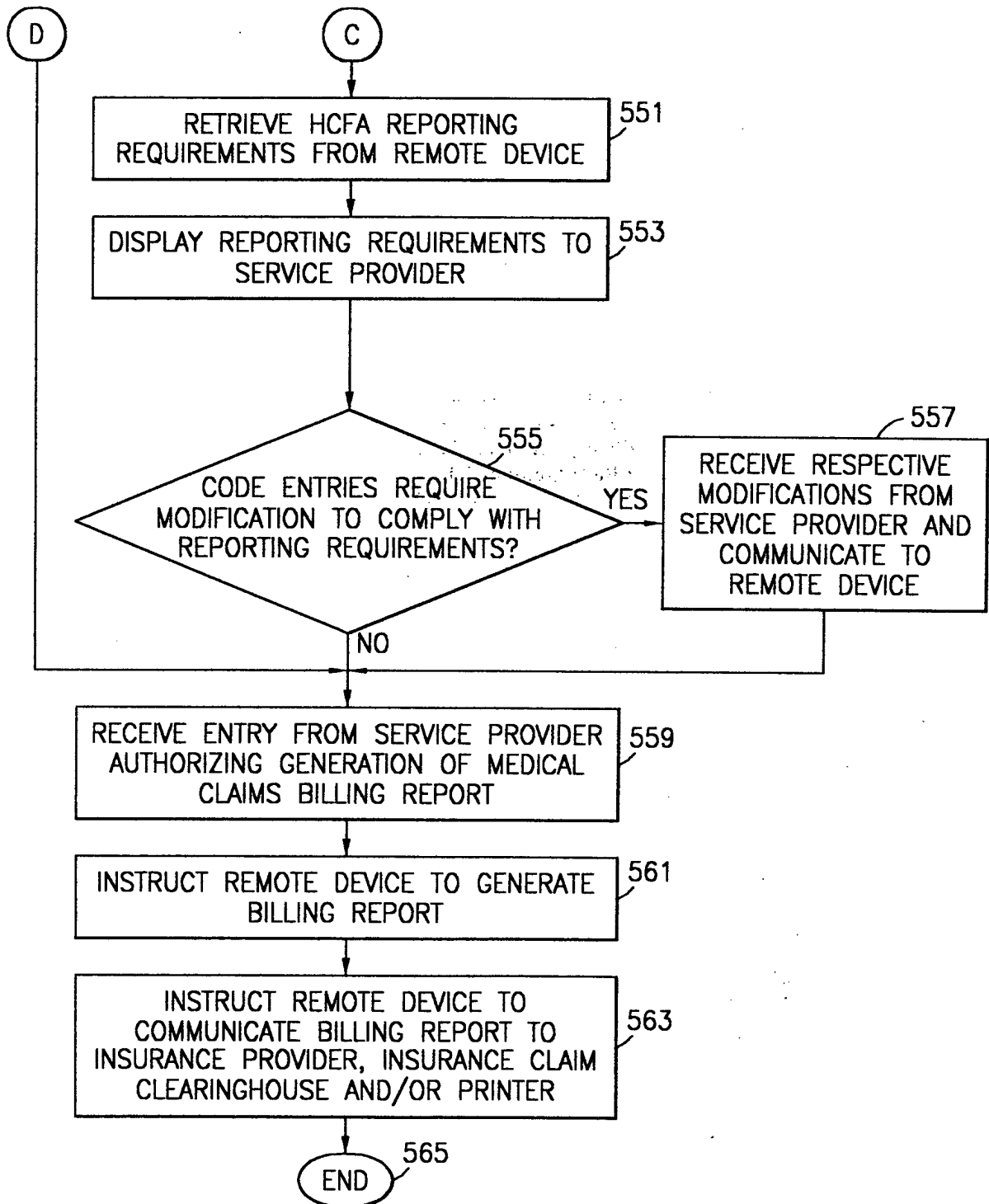


FIG. 5C

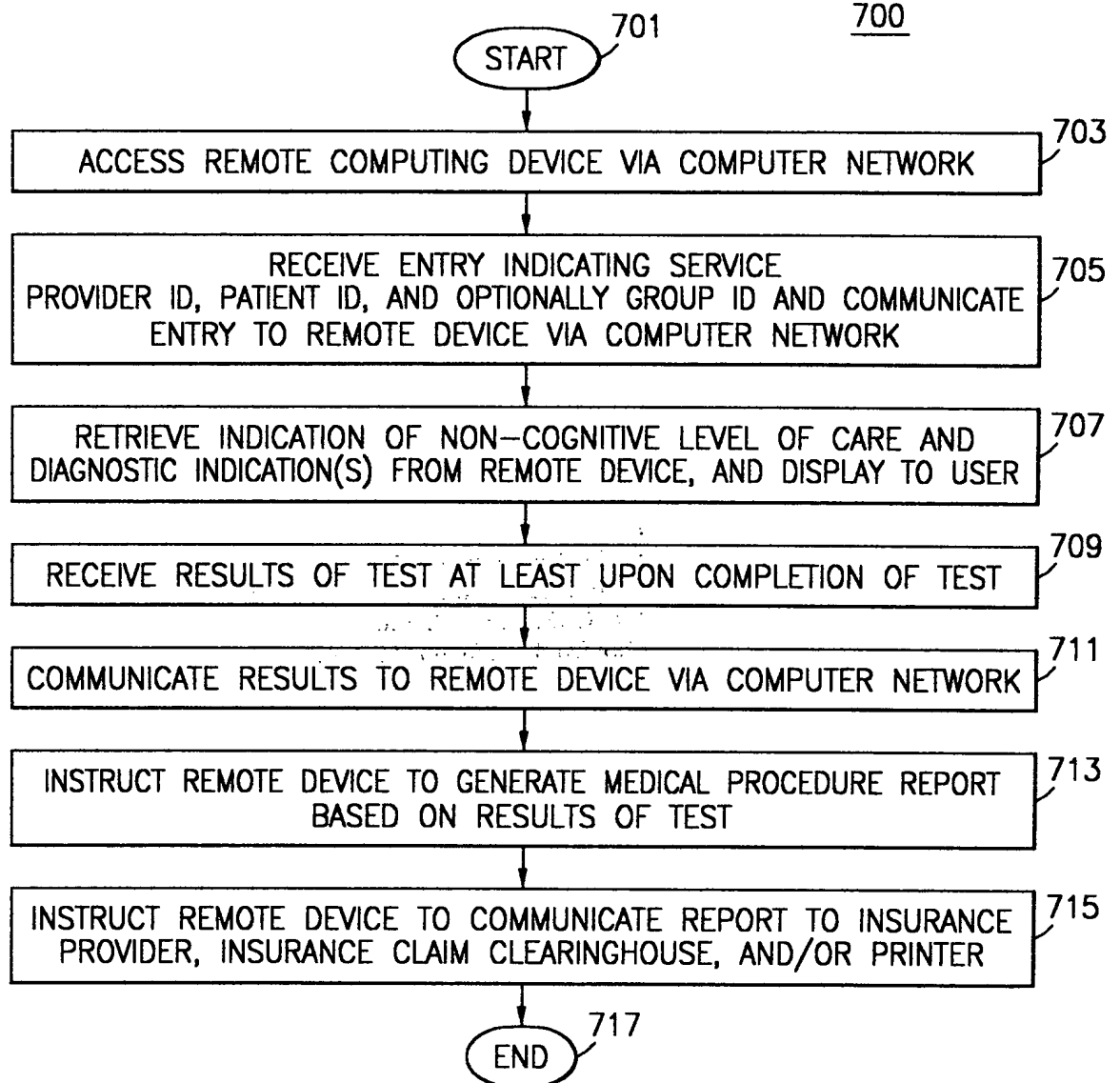


FIG. 7

38/45

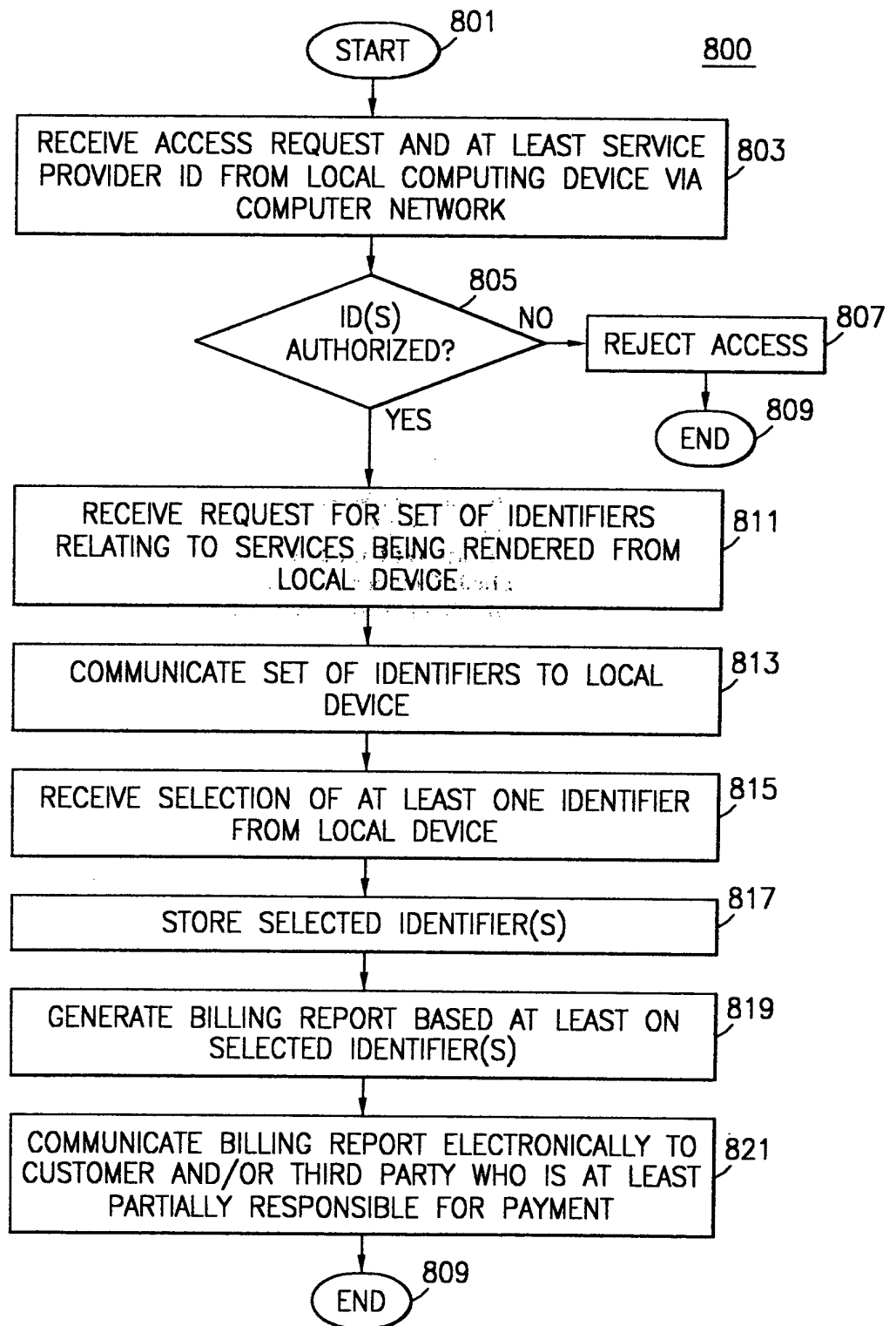


FIG. 8

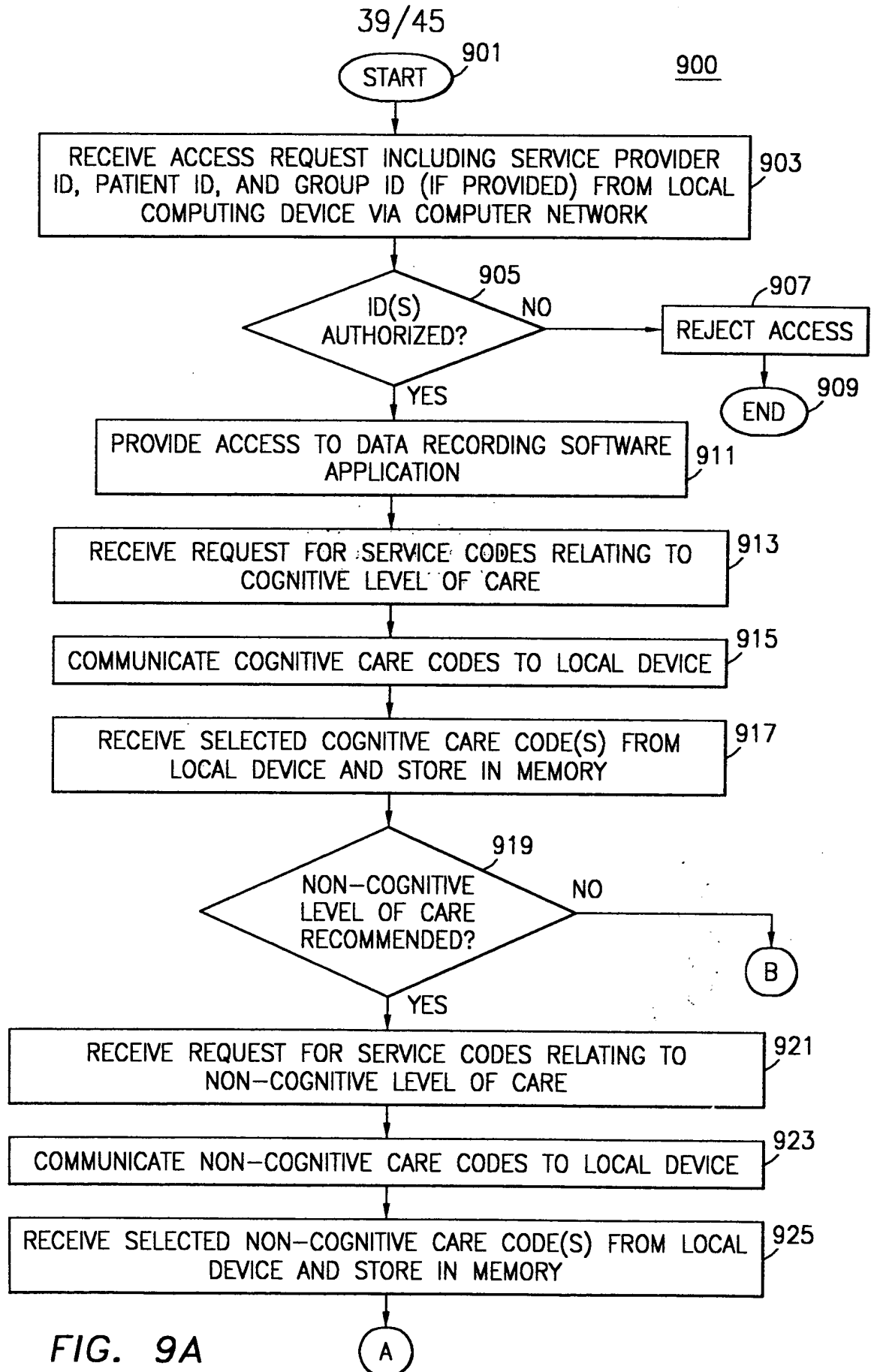


FIG. 9A

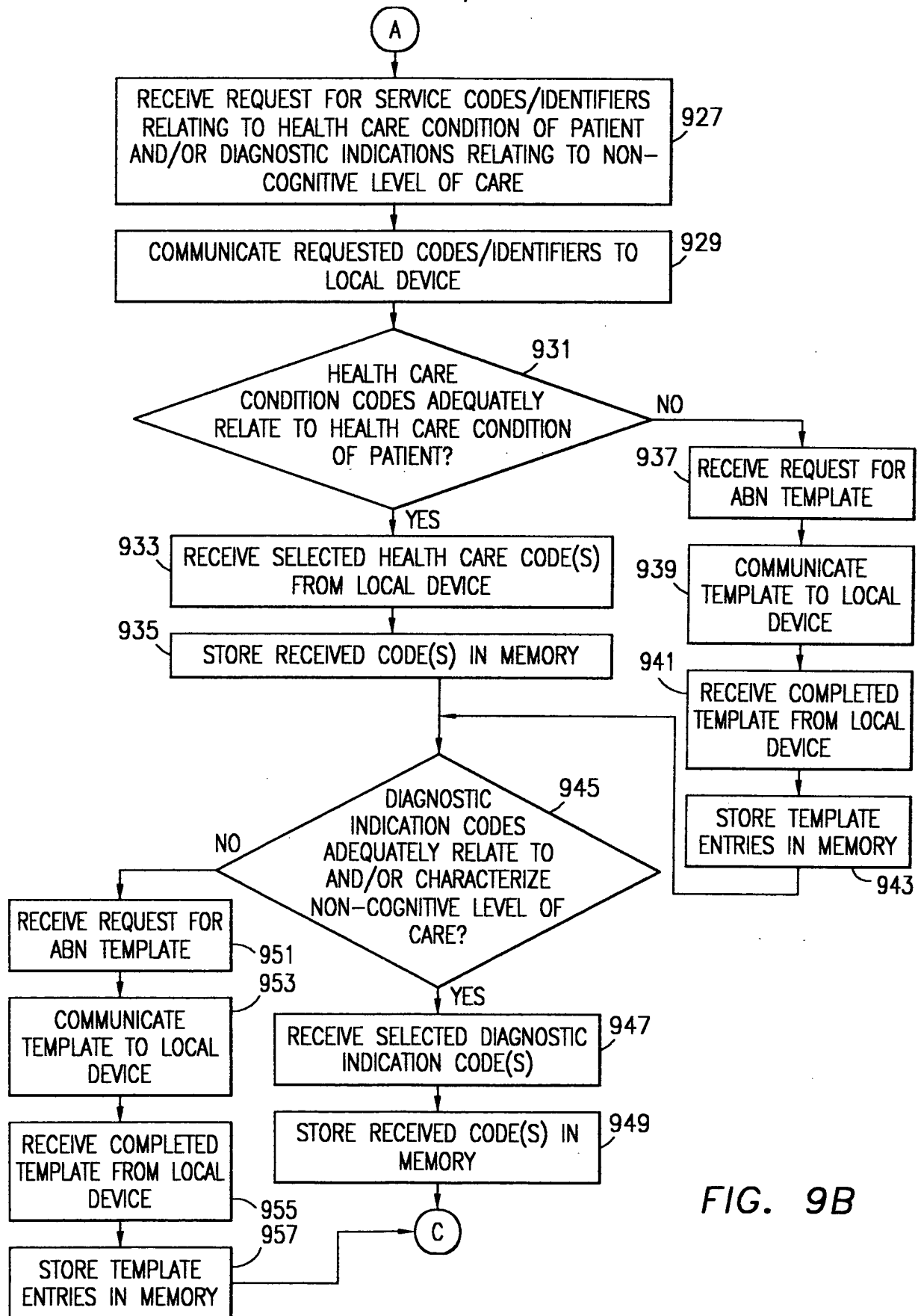


FIG. 9B



41/45

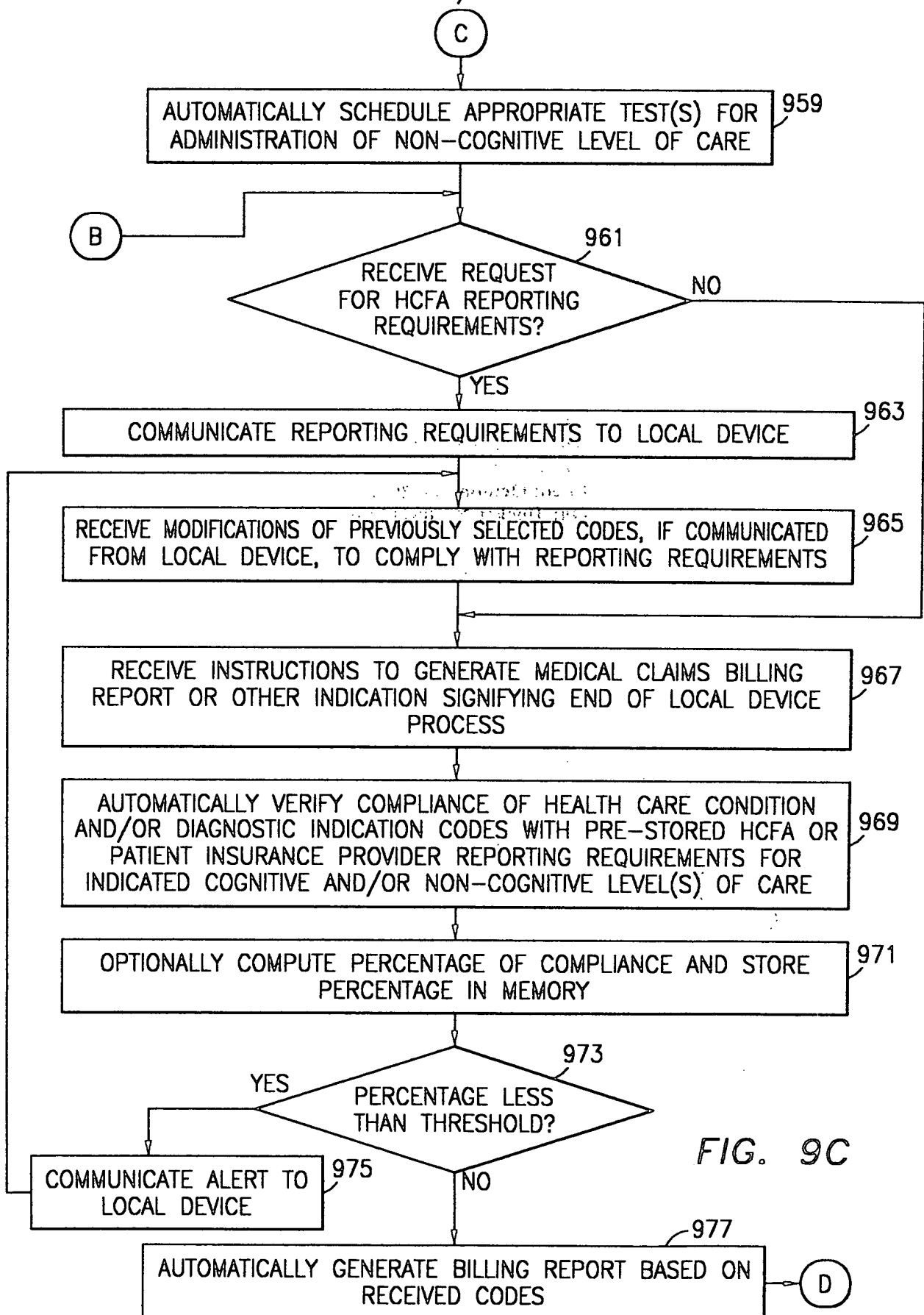
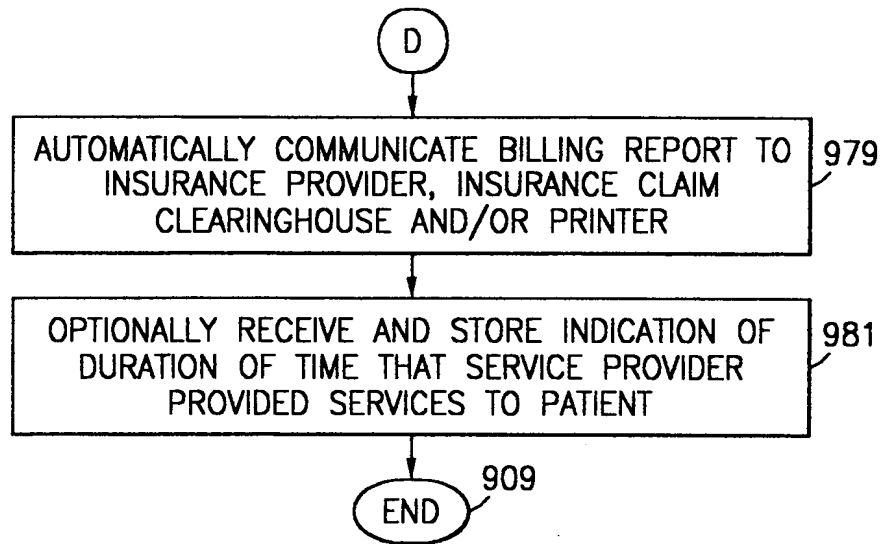


FIG. 9C

**FIG. 9D**

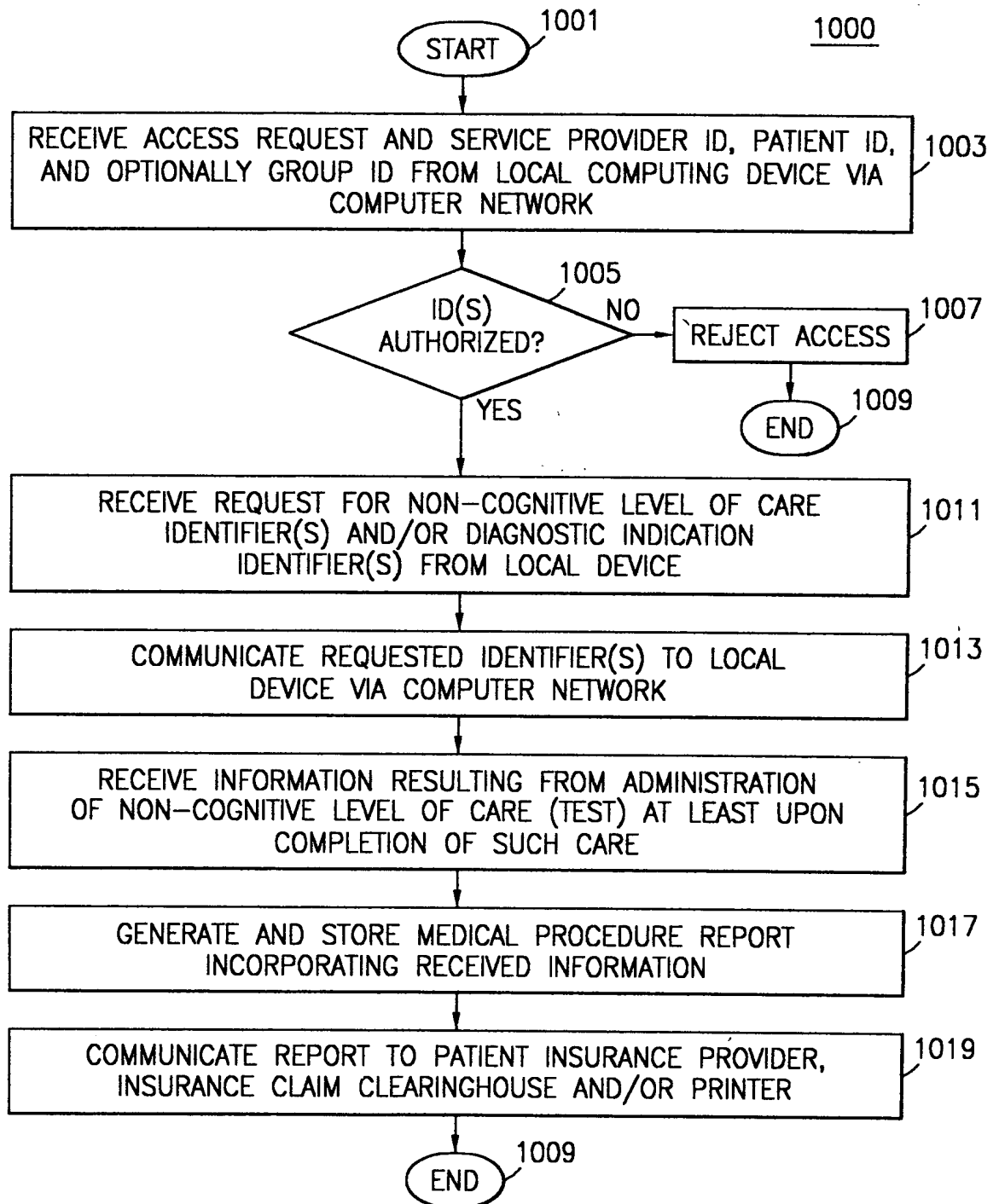
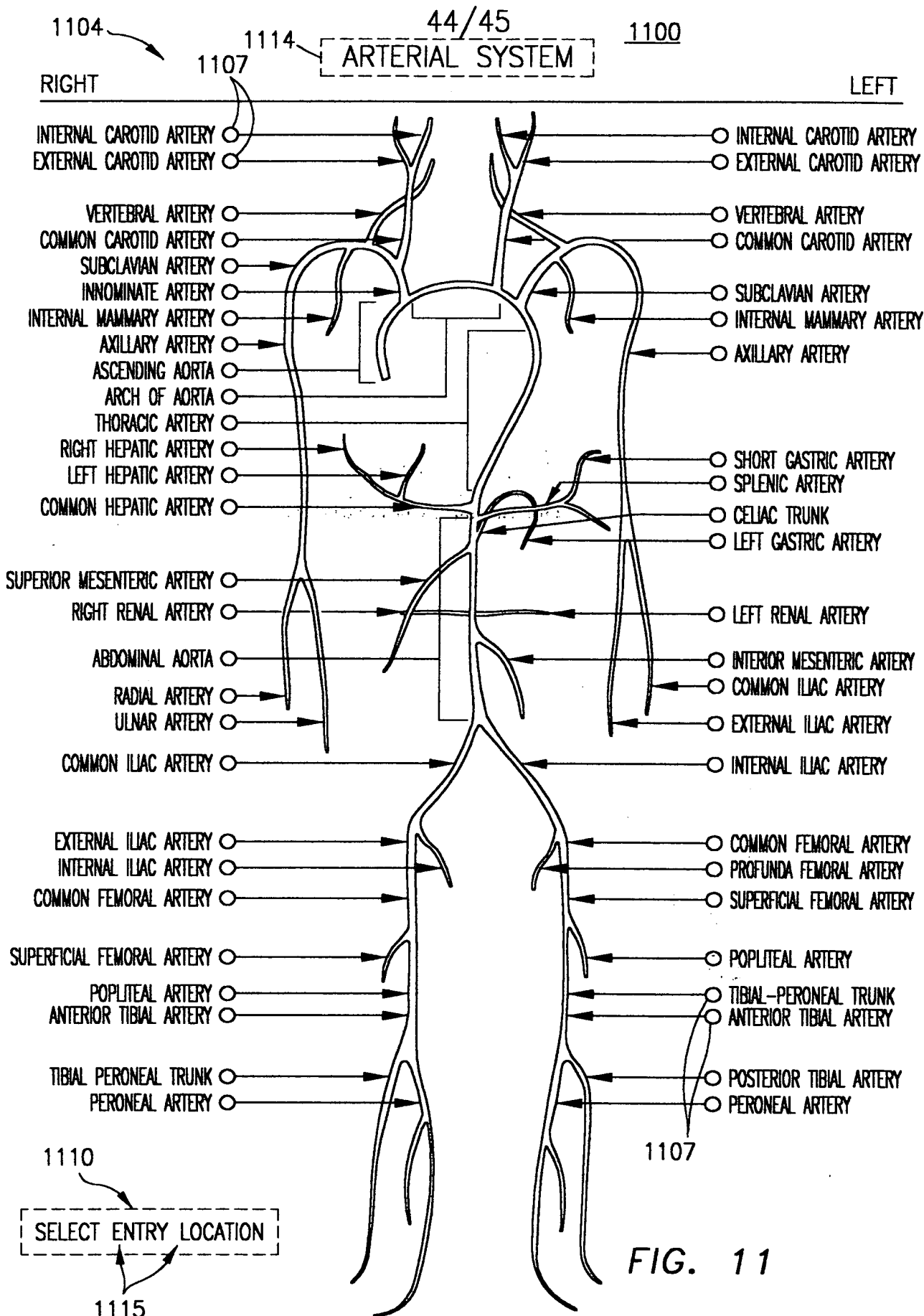


FIG. 10



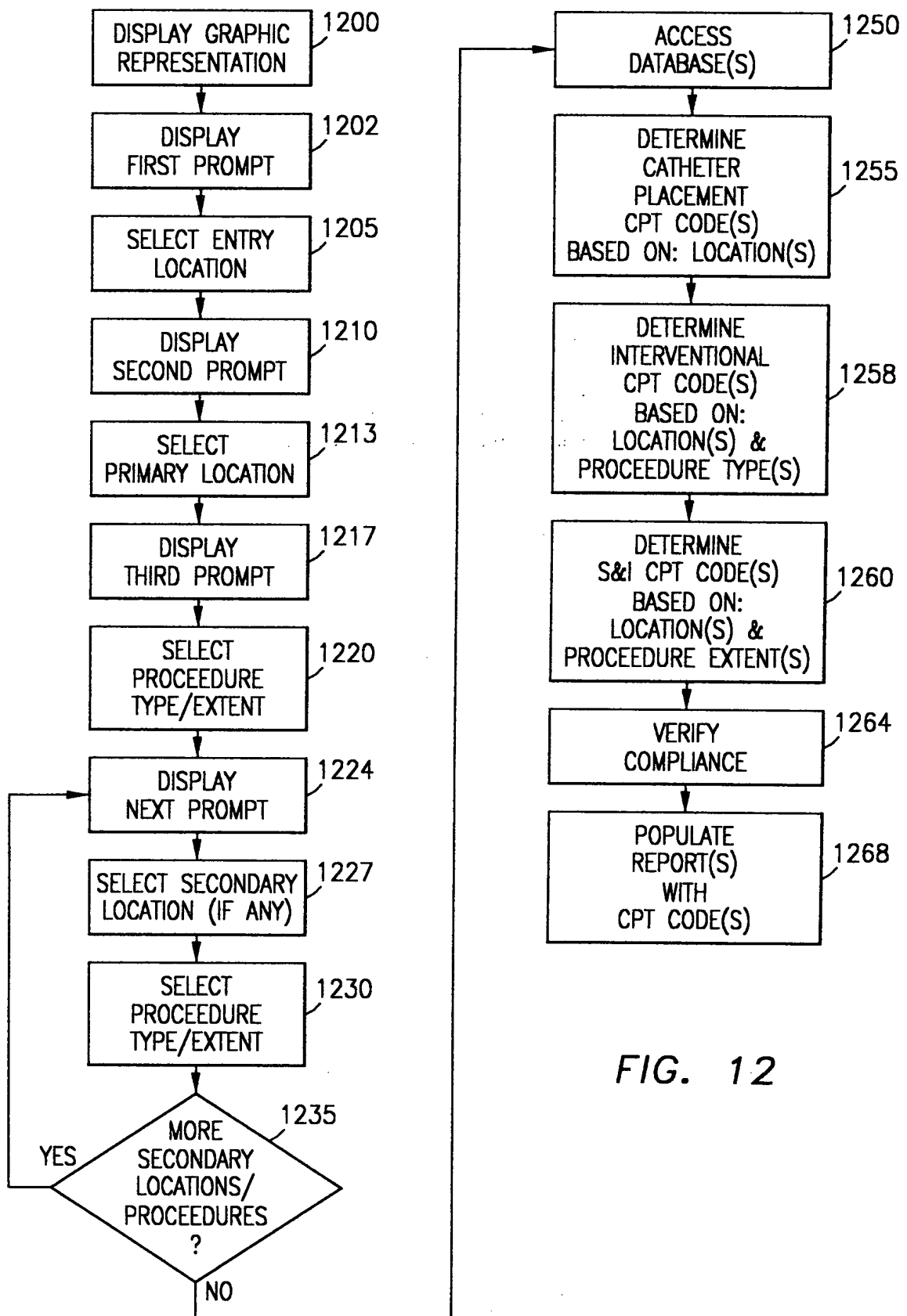


FIG. 12